Statement of Scott Ward, Ph.D.

Professor of Marketing

The Wharton School
University of Pennsylvania
Philadelphia, Pa.

August 1, 1986

My name is Scott Ward. I am Professor of Marketing at the Wharton School at the University of Pennsylvania. I have published extensively in the field of marketing. My writings include articles in scholarly journals and several books. These include Problems in Marketing (5th ed. 1981), the most widely-used marketing management casebook, as well as Consumer Behavior (1984), How Children Learn To Buy (1977), and Consumer Behavior: Theoretical Sources (1973).

I serve on the editorial boards of the Journal of Consumer Research and the Journal of Advertising Research and have directed major grants from the National Science Foundation, National Institute of Mental Health, Ford Foundation and CBS, Inc. I have spent a significant part of my time during the past ten years studying children's reactions to advertising. This work has been funded by a number of federal agencies, including the Office of Child Development and the National Institute of Mental Health, as well as by private industry. In the late 1970s, I was engaged in government-sponsored research to improve drug-abuse prevention advertising. I have consulted with a number of major corporations, including AT&T, General

2503017703

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Motors, Hershey Foods Corporation, Paine-Webber, Quaker Oats and others.

My testimony today responds to the various proposals that have been made to ban or further restrict tobacco product advertising. Those who are promoting such measures have stated that their ultimate goal is to get people to stop smoking. I am convinced, however, that the advertising measures that have been proposed would be ineffective. The imposition of a ban or additional restrictions on cigarette advertising also would mark an omnious turn in the federal government's general approach to advertising regulation, placing the government in the role of censor rather than the sponsor of additional information.

My testimony, which considers the aim and effect of advertising in "mature" product markets,[1] covers four broad subjects.

First, I will discuss the distinction between "new" and "mature" product markets. The primary role of advertising in "new" product markets is to make people aware of the existence of a product category, to inform potential consumers of its attributes and to interest them in a specific brand.

---

[1] The general functions of advertising are discussed in many texts, including P. Farris & J. Quelch, Advertising & Promotion Management (1983); K. Roman & J. Maas, How To Advertise (1976) D. Aaker & J. Myers, Advertising Management (2d ed. 1982); Advertising Management (D. Aaker ed. 1975); D. Oglivy, Confessions of an Advertising Man (1964); and M. Ray, Advertising and Communication Management (1982).

2503017704

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

By contrast, in "mature" product categories there are few first-time buyers or non-buyers who are unaware of the category's existence. Consequently, the primary role of advertising in "mature" product markets is to keep consumers loyal to the particular brand being advertised or to prompt consumers to switch to the brand being advertised.

Second, I will discuss the two primary objectives of advertising in "mature" product markets -- to get consumers to notice the advertiser's message about his brand, and to generate the most favorable possible impression about that brand with the largest number of consumers. Getting consumers to notice the advertiser's message is no small challenge in today's cluttered media; the use of colorful, eye-catching visuals and slogans is essential. And, when competing brands cannot be distinguished from one another on the basis of objective differences, creating the most memorable impression among the largest number of consumers typically involves appealing to discrete consumer blocs and also often requires relatively large advertising expenditures.

Third, I will discuss consumer response to advertising. Many of those who favor banning or further restricting tobacco product advertising greatly overestimate the power of advertising and underestimate the basic intelligence and will of consumers. Consumers fail even to notice the vast majority of the advertising to which they are exposed, and even when they do notice it, advertising operates as a two-way process

2503017705

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

in which the consumer evaluates and often discounts the advertising, based upon the consumer's preexisting attitudes, beliefs and experiences. This principle would apply with special force in the case of cigarette advertising, where "counter-arguments" (i.e., the Surgeon General's warnings) are made an explicit part of the commercial message.

Fourth, I will touch briefly on the influence of advertising on children and teenagers. Drs. Blackwell and Boddewyn explore the subject in greater detail in their testimony, and I venture here only to supplement their testimony with a few observations of my own.

1. The Distinction Between "New" and "Mature" Product Markets

Underlying the proposals to ban or further restrict tobacco product advertising is an apparent lack of awareness of what cigarette advertising really involves. Proponents of such measures treat cigarette advertising as though cigarettes were a new product and advertising were required to make its existence known, or as though cigarettes as a product category were competing against other product categories and needed advertising to maintain or expand aggregate demand. Both of these views of advertising for cigarettes -- a "mature" product category -- are mistaken.

It is a truism that companies -- including cigarette companies -- use advertising to promote the sale of their products. But advertising serves vastly different functions depending on whether the product being advertised is "new" or

2503017706

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

"mature," and depending on whether the product category is in competition with other product categories.[1] In the case of a "new" product -- recent examples would include video cassette recorders, personal computers and cellular telephones -- advertising attempts to inform people about product attributes and benefits. Because the product category is new, advertising (together with information disseminated through other sources) is the means by which consumers learn that the product category exists and how it might be useful to them. At this stage, advertising promotes demand for the product category in the course of promoting demand for particular brands -- although all advertisers ultimately are interested in promoting their brands against competitive brands.

As awareness of the product category spreads, advertising matters less and less in stimulating aggregate demand. In fact, demand flattens because there are few people who have not either tried the product (and become settled users or non-users) or decided that they have no interest in the product category. Consumers no longer need advertising to appreciate

---

[1] For discussion of the concept of "product life cycle," and the role of promotion for mature product categories, see C. Wasson, Dynamic Competitive Strategy and Product Life Cycles (1978); R. Polli & V. Cook, "Validity of the Product Life Cycle," Journal of Business (Oct. 1969); R. Buzzell, "Competitive Behavior and Product Life Cycles," in New Ideas for Successful Marketing (J. Wright & J. Goldstucker eds. 1966); R. Hammermesh & S. Silk, "How to Compete in Stagnant Industries," Harvard Business Review (Sept.-Oct. 1979); J. Swan & D. Rink, "Fitting Marketing Strategy to Varying Product Life Cycles," Business Horizons (Jan.-Feb. 1982); and Y. Wind, Product Policy: Concepts, Methods and Strategy (1982).

2503017707

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

the miracle of home video, soft drinks or laundry detergent. These products have become, or are becoming, a part of everyday life for those consumers who are likely to want them. The aim and effect of advertising for such "mature" product categories is to promote particular brands of the product, not to promote the product category itself. Many studies have found that advertising in such markets is not significantly related to aggregate product demand.[1]

There is an exception to this rule. Even after a product category has "matured" and advertising is no longer necessary to create awareness of the product, the product category may be in direct competition with other product categories. Electricity competes in many areas with natural gas. Milk competes with soft-drinks and other beverages. In such cases, it is not uncommon to see advertisements that promote a product

---

[1] For example, a 1976 survey of ten product categories identified four categories in which advertising and primary demand were related. But those four markets each were in the early stage of the product's "life cycle." Cigarettes were one of the remaining six product categories in which primary demand was found to be unrelated to advertising. J. Lambin, "Advertising, Competition, and Market Conduct," in Oligopoly Over Time (1976). See also R. Ball & R. Agarwalda, "An Econometric Analysis of the Effects of Generic Advertising on the Demand for Tea in the UK," British Journal of Marketing, vol. 4 (1969); K. Palda, The Measurement of Cumulative Advertising Effects (1964); and L. Telser, "Advertising and Cigarettes," Journal of Political Economy, vol. 70 (1962). An excellent review of these and other studies may be found in D. Aaker & J. Carman, "Are you Overadvertising? A Review of Advertising-Sales Studies," Journal of Advertising Research, vol. 22, no. 4 (Aug.-Sept. 1982).

2503017708

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

category rather than a particular product brand. But cigarettes, like laundry detergents, are not in competition with other product categories, and you will never see an advertisement promoting cigarettes or laundry detergent as such. What you see exclusively are advertisements promoting particular brands of cigarettes or laundry detergent.

2. The Primary Objectives of Advertising in "Mature" Product Markets

In promoting a brand within a mature product market, an advertiser immediately encounters two challenges -- selecting a consumer to whom to promote the brand and getting the attention of that consumer. Meeting these two challenges accounts for the content of such advertising. Although selecting a target audience is a step that logically must be taken before figuring out how to attract attention, there are certain principles that govern regardless of the audience chosen. I therefore turn first to the challenge of reaching the consumer.

(a) Attracting Viewer Attention

Advertisers typically use attractive models in attractive settings to promote their products. Attractive men and women are used to sell brands of everything from floor polish to mouthwash, and in doing so advertisers are not attempting to persuade consumers that scrubbing floors or gargling is attractive. The goal is to catch the viewer's attention for the advertised brand.

Studies have documented the fact that consumers are potentially exposed to hundreds of advertisements and promotions

2503017709

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

each day. On television, at least 20 minutes of each broadcast hour are consumed by commercials, and advertisements account for more pages than text in most newspapers and magazines.

The result is "commercial clutter."[1] Numerous studies demonstrate that various measures of advertising effectiveness -- such as recall and positive attitudes -- decrease as the amount of "clutter" increases in the media environment. Viewer attention is a limited resource, and advertisers intensely compete for it.

The advertiser who offers the most arresting image reaps the reward of a viewer's momentary focus and has a chance to "speak" to the viewer. The image offered to catch the viewer's eye does not need to bear any special relation to the product being advertised. Attractive models such as Cliff Robertson (for AT&T) and Suzanne Sommers (for Ace Hardware) are cases in point. There certainly is nothing dishonest or deceptive in using the most effective means available to get a message noticed.

---

[1] See M. Schudson, Advertising, The Uneasy Persuasion: Its Dubious Impact on American Society 107-08 (1984); M. Ray & P. Webb, "Experimental Research on the Effects of Television Clutter: Dealing with a Difficult Media Environment," in Marketing Science Institute, Research Report # 76-102 (1976); P. Webb, "Consumer Initial Processing in Difficult Media Environment," Journal of Consumer Research, vol. 6, no. 4 (1979); P. Webb & M. Ray, "Effects of TV Clutter," Journal of Advertising Research," vol. 9 no. 3 (1970); and C. Cobb, "Television Clutter and Advertising Effectiveness," in American Marketing Association Proceedings (1985).

2503017710

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

(b) Audience Segmentation

In "mature" product markets, as discussed, advertising promotes particular brands rather than the product category itself. Broadly speaking, an advertiser can promote a particular brand in either of two ways -- by pointing to objective characteristics of the brand that make that brand superior to other brands, or by identifying the brand subjectively as the brand that is desirable for members of discrete consumer blocs.[1]

There are many product categories in which an advertiser can point to objective characteristics of a brand that distinguishes that brand from competing brands. One make of automobile may have better mileage or require fewer repairs than another, and of course automobiles vary dramatically in price. Similarly, laboratory studies may in fact show that some antacids work faster and more effectively than others. When such objective characteristics allow an advertiser to distinguish his brand from others, the advertiser is likely to stress those characteristics in the advertising.

---

[1] The prevalence of market segmentation in marketing practices is reflected in P. Kotler, Marketing Management: Analysis, Planning and Control (5th ed. 1984); J. Engel, H. Fiorillo & M. Cayley, Market Segmentation: Concepts and Applications (1972); D. Yankelovich, "New Criteria for Market Segmentation," Harvard Business Review (March-April 1964); J. Plummer, "Life Style Patterns: New Constraint for Mass Communication Research," Journal of Broadcasting (Winter 1971-72); W. Smith, "Product Differentiation and Market Segmentation as Alternative Marketing Strategies," Journal of Marketing (July 1956); and A. Roberts, "Applying the Strategy of Market Segmentation," Business Horizons (Fall 1961).

2503017711

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

In other product categories, however, brands are more or less interchangeable in "objective" terms. With cigarettes, for example, there are some objective brand characteristics to which an advertiser can point -- the "tar" and nicotine content of a particular brand, its type of filter, taste or length. But cigarette brands, like soft-drinks and soaps, are far more difficult to distinguish from one another on the basis of such objective characteristics than are product brands in many other mature product categories.

An advertiser attempting to promote a brand that is not objectively distinguishable from other brands therefore tries a different approach. He aims to promote his brand with particular groups of consumers by saying, in effect, "If you are this kind of consumer, Brand X is for you; if you are that kind of consumer, Brand Y is for you." The advertiser, in other words, chooses a particular consumer group at which to aim his message and tailors his message in a way that will strike a responsive chord with that group.

People in our society cluster in "taste cultures,"[1] and it is at these groupings that advertisers direct their messages -- particularly in mature product categories in which objective differentiation of the constituent product brands is difficult. The time is long past when advertisers treated the

---

[1] W. Leiss, S. Kline & S. Jhally, Social Communication in Advertising: Persons, Products, and Images of Well-Being 3 (1986).

2503017712

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

public as an undifferentiated mass. That approach simply is not cost-effective, and it is particularly inefficient when many interchangeable brands of a product are competing for a share of the market.

Many cigarette advertisements depict attractive people. But that is about the only generalization that one can make. Sometimes the people portrayed are rugged, outdoor types; sometimes they are rich and sophisticated; sometimes they are confirmed individualists; sometimes they are emphatically sociable creatures. The various cigarette manufacturers, like advertisers of soaps and colognes, attempt to attract the attention of each of these target audiences. Thus, it is not the advertisement that "shapes" the consumer; it is the consumer (that is, those in the target audience who already smoke) that "shapes" the advertisement.

To be sure, cigarette advertising, like other advertising, seeks to portray the brand being advertised in a "positive" manner. But for those who smoke, smoking <u>is</u> a pleasurable activity. There is nothing deceptive about the depiction. In targeting their advertising at particular audiences, and in seeking to gain their attention and preference, cigarette manufacturers are doing exactly what other advertisers do -- and must do -- to engage in brand competition.

3. <u>Consumer Response to Advertising</u>

As discussed above, proponents of banning or further restricting tobacco product advertising overestimate the power

2503017713

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

of advertising. Correspondingly, they underestimate the intelligence and will of the target audiences. Their view of consumers is actually a view that prevailed in advertising theory earlier in this century -- a view that has been supplanted by a view that gives consumers far more credit, and far more control over their own power of choice.

It used to be thought that advertising (indeed, all mass communications) had a direct and powerful effect on consumers. Advertisers would say, "Buy Brand X because it is superior to Brand Y," and if the advertisement were cleverly enough executed the consumer would buy the advertised brand. But the real world does not and never did operate in the way portrayed in this "one-way flow" model. Advertisers soon realized that simply disseminating a commercial message does not ensure that it will be noticed. They also came to learn that, even when noticed, commercial messages are not necessarily retained, and that even when viewers find a particular advertisement memorable, they do not always remember what product brand was being advertised.[1] Moreover, even when consumers do remember an advertisement, as well as the name of

---

[1] These points are discussed in M. Ray, Advertising and Communication Management (1982). Other discussions of early models of advertising and promotion effects include W. Schramm, "Channels and Audiences," in Handbook of Communication (I. dePool et al. eds. 1973); H. Laswell, "The Structure and Function of Communication in Society," in Communication of Ideas (L. Bryson ed. 1948); R. Bauer & A. Bauer, "America, Mass Society and Mass Media," Journal of Social Issues, vol. 16 (1960); R. Bauer, "The Initiative of the Audience," Journal of Advertising Research, vol. 3, no. 2, (1963); and T. Robertson, J. Zielinski & S. Ward, Consumer Behavior (1984).

2503017714

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

the advertised brand, there is no guarantee that they will have any interest in buying the product.

Only part of the problem can be traced to "commercial clutter." Additionally, the failure of advertising to get consumers to behave like Pavlovian dogs stems from the fact that people are not hapless recipients of advertising. Rather, they are -- when they notice the advertising at all -- active participants who ignore, selectively attend to, laugh, counter argue, forget or just say "no." The distinguished psychologist, Raymond Bauer, put it this way 20 years ago:

> "The time may well be at hand to revise the traditional communications formula, 'who does what, with which, and to whom.' The suggested revision is that we view communications as a transactional process in which both audience and communicator take important initiative. A successful communication is usually a good 'deal' in which each party gives and takes in some pattern that is acceptable to him."[1]

Bauer's "transactional" model suggests what should today be obvious on reflection -- that audiences are comprised of individuals who are not blank slates or maleable putty. Individual audience members are the sum of myriad experiences and beliefs who evaluate commercial messages not in a vacuum but in the context of their lives.[2]

---

[1] R. Bauer, "The Initiative of the Audience," Journal of Advertising Research, vol. 3, no. 2 (1963).

[2] Contemporary models of marketing communications are found in advertising text and trade books, such as those cited at

(footnote cont'd)

2503017715

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Part of my own research, for example, has sought to assist government agencies develop more effective drug-abuse prevention promotions. In testing such promotions, we found that parents and teenagers often engaged in mental "counter-argument" when watching particular anti-drug promotions. One promotion showed parents arguing violently with their teenage son about drugs. The message stimulated many parents to think to themselves while watching this promotion, "Parents shouldn't do that; we wouldn't do that."

Counter-arguments are a pervasive part of the exchange between advertiser and consumer. You may resist the most appealing advertisement for a fast-food chain because you are on a diet or do not like "junk" food. You may resist a clever advertisement for a domestic automobile because you trust reports that foreign-made cars are more reliable. You may decide against chewing gum -- despite the young surfers and sexy blondes who inhabit gum advertisements -- because you think that chewing gum is disgusting or unattractive.

This kind of counter-argument goes on all the time, most often in the form of an internalized debate. What is striking about the counter-argumentation that occurs in the

---

(footnote cont'd)

page 12, note 1, above. See also M. Ray, "Marketing Communication and the Hierarchy of Effects," in New Models for Mass Communication Research (P. Clark ed. 1973); and W. McGuire, "An Information Processing Model of Advertising Effectiveness," in Behavioral and Management Sciences in Marketing (H. Davis & A. Silk eds. 1978).

2508017716

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

case of cigarettes is that the viewer is not allowed to miss the counter-argument. Cigarette advertising carries the Surgeon General's rotating messages. Indeed, the antitobacco point of view is one of the most widely disseminated consumer messages.

4. The Influence of Advertising

Those who favor banning or restricting tobacco product advertising assert that such advertising influences adult smokers to continue smoking and causes children and teenagers to decide to smoke. In fact, the available evidence indicates that advertising is among the least influential factors involved -- certainly not influential enough to warrant an advertising ban, even if we agreed that it is proper for the government to try to manipulate consumer behavior by suppressing information.

So far as young people are concerned, I share the view of the Director of the National Institute of Child Health and Human Development, who testified before this Subcommittee only three years ago that "[t]he most forceful determinants of smoking are parents, peers, and older siblings." That observation is in accord with the results of my own research with pre-teenage children, which indicates that parents and peers are much more important determinants of children's developing consumer behavior patterns than advertising.[1]

---

[1] S. Ward, D. Wackman & E. Wartella, How Children Learn To Buy: The Development of Consumer Information-Processing Skills (1979).

2503017717

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Among teenagers, data gathered for the American Cancer Society by Lieberman Research, Inc., suggest that, as early as 1969, "a large majority of youngsters oppose[d] cigarette smoking and recognize[d] it as a cause of cancer" (p. 23). The ACS study concluded that "[p]ersons in the environment are clearly very important in shaping smoking behavior: Where parents or other frequently seen adults smoke, youngsters are more likely to take up the habit. * * * Most influential of all seem to be friends" (pp. 29-30).

This early ACS report concluded that smoking "seems firmly established in only a small minority of teenagers." Perhaps that finding best encapsulates the point: Most teenagers choose not to smoke, responding to the positive and negative influences in a manner that should satisfy antitobacco advocates. My own study of over 600 children and their parents demonstrated that even young children can and do develop skills to evaluate advertising.

5. Conclusion.

My purpose has been to explain the cigarette advertising that we see. Cigarette advertisers, like other advertisers of mature products, seek to break through advertising "clutter" and attract the attention of smokers -- obviously, no small task. They attempt to do so by identifying target audiences of smokers, and creating advertising that will be noticed by those target audiences. The ultimate objective is

2503017718

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

to prompt a shift in brand loyalties or to defend the advertised brand against the brand shifts that may be prompted by competitive advertising.

Banning or eliminating tobacco product advertising simply would remove a vehicle of brand competition. But it would not reduce tobacco product use or prevent people, including some young people, from deciding to smoke in the first place. Such measures would, however, introduce into government regulation of advertising a dangerous paternalism that has no precedent and no limiting principle. The government traditionally has been in the business of keeping commercial messages truthful -- not attempting to manipulate consumer behavior by closing off advertising, but assuring that such behavior is fully informed. The proposals before you today represent a fundamental departure from that approach.

Rather than ignoring the limits of advertising in an effort to justify a ban on cigarette advertising, government programs concerning smoking should be based on respect for and acknowledgment of the intelligence, will and complexities of individuals. That requires, among other things, careful pretesting of any mass communications to make sure that they are effective and not counter-productive and taking advantage of the essential role played by parents, peers and others in the decision to smoke. That clearly was the lesson that emerged from my work with the government in designing better drug abuse programs. The lesson applies here as well.

2503017719

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

WHY DO JUVENILES START SMOKING?

AN INTERNATIONAL STUDY OF THE ROLE OF ADVERTISING & OTHER CONTRIBUTORY FACTORS IN AUSTRALIA, HONG KONG, NORWAY, SPAIN & THE UNITED KINGDOM

Edited and Introduced by:

PROFESSOR J.J. BODDEWYN, Ph. D
Baruch College, City University of New York

INTERNATIONAL ADVERTISING ASSOCIATION INC.

Source: https://www.industrydocuments.ucsf.edu/tobacco/2503017720

WHY DO JUVENILES START SMOKING?

AN INTERNATIONAL STUDY OF THE ROLE OF ADVERTISING & OTHER CONTRIBUTORY FACTORS IN AUSTRALIA, HONG KONG, NORWAY, SPAIN & THE UNITED KINGDOM

Edited and Introduced by:

PROFESSOR J.J. BODDEWYN, Ph. D
Baruch College, City University of New York

Published by:
The International Advertising Association
New York

August 1986

2503017721

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

A report prepared by: CHILDREN'S RESEARCH UNIT (CRU), London
Sponsored by: INFOTAB, Brussels
Published by: INTERNATIONAL ADVERTISING ASSOCIATION, New York

2503017722

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

PREFACE

The IAA is most interested in the effects of advertising on children, a so-called vulnerable group. For this reason, we publish this study as a valuable addition to the literature. It is based on very careful research by a most qualified organization employing methodology which we have examined thoroughly and found to be of the highest standards. It is also research which has generated a comparable international data base.

The IAA believes in the freedom to advertise all products and services which are legally sold and legally consumed. Further, the IAA believes that this freedom is indivisible in the sense that restrictions applied to one group of products inevitably lead to erosion of the freedom to advertise other products.

These beliefs led us to publish "Tobacco Advertising Bans and Consumption in 16 Countries" (in 1983 and 1986), which clearly showed that the implementation of advertising bans was generally not followed by decreases in overall tobacco consumption.

It would be convenient for those against advertising to indict it as a main cause in how and why people buy and consume products. But advertising is only one of many variables affecting consumer choices.

This five-nation study bears on all of these issues and should be an important addition to a growing literature on them.

International Advertising Association
World Headquarters
475 Fifth Avenue, New York NY 10017, USA
(212) 684-1583

2503017723

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

CONTENTS

1. EDITOR'S INTRODUCTION 1

2. THE ISSUE 4

3. BASIC RESEARCH APPROACH 5

4. RESULTS OVERVIEW 7

5. KEY FINDINGS 8

6. THE PREVALENCE OF SMOKING 10

7. THE DIRECT IMPACT OF ADVERTISING 13

8. STARTING TO SMOKE 15

APPENDICES

A : Background to the Children's Research Unit (CRU) 21
B : Interviewing Children: General Comments 22
C : CRU's Research Methods Used in This Study 25
D : Smoking Frequency 28
E : Outline Information About Surveys 30
F : Comparison of Restrictions on Tobacco Advertising in Countries Covered by Report 31
G : Review of the Literature 32
H : References 35

2503017724

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

1. EDITOR'S INTRODUCTION

Whether tobacco advertising affects overall tobacco consumption is a complex problem. The bulk of research on this topic points to little or no relationship between the two. A subset of this issue concerns the impact of cigarette advertising on smoking initiation by the young: do juveniles start to smoke because they have been exposed to print and broadcast advertisements?

Important Evidence

The 5-country study reported here provides strong evidence that *advertising plays a miniscule role in the initiation of smoking by the young.* Instead, parents, siblings and friends appear to be the determining factors when children start to smoke.

New Evidence

Such a point has been made and proved before. However, this recent study (1984-1986) provides not only corroborative evidence but also a new angle by focussing on five countries where the control of cigarette advertising ranges from a ban (**Norway**) to rather limited restrictions (**Hong Kong** and **Spain**), with **Australia** and the **United Kingdom** standing in between.

It establishes that family and peer influences appear to be the determining factors, irrespective of whether the young are exposed to cigarette advertising or not, with all five countries reporting the similar impact of social influences on juvenile smoking initiation.

New Methodology

This study also breaks new methodological ground in that, for the first time, an established Smoking Prevalence Estimator has been applied *internationally* to produce a comparable measure among countries with differing tobacco-advertising controls.

Besides, instead of using diaries or impersonal questionnaires administered at school, as is common in this field, the present survey used *personal interviews* conducted at home. Again, this is a first international methodological breakthrough which has generated a comparable international database about juvenile smoking initiation.

2503017725

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Finally, *a far broader age range (7 to 15/16 years old) of respondents* were interviewed than in most other studies in order to provide a more comprehensive understanding of the factors involved.

Implications

Such findings would seem to challenge the validity of fairly common assertions that the young start to smoke because they have been exposed to cigarette advertising. They also raise questions about the effectiveness of tobacco-advertising bans.(*) The fact that Norway has had such a complete ban since 1975, yet retains relatively high proportions of adult and juvenile smokers, clearly points to other factors.

Is the Evidence Believable?

This study was initiated and financed by the tobacco industry. No one should question its right to engage in research, any more than research by the antismoking movement should be considered suspicious a priori. The test, instead, should be: "Is it good research?"

The findings reported here were provided by the London-based Children's Research Unit (CRU), which is an experienced research house that has been employed by both business and government (see Appendix A). CRU relied in part on the methods and findings of studies commissioned by the British Government in 1982 and 1984, but it also drew on its own extensive international research experience to improve on the British Government study's methodology, as was explained above (Appendices B and C detail the research methodology used in the five country studies).

I think that the methodology used by CRU was appropriate and that the findings are credible — after all, other studies have reached similar conclusions -- but the reader should reach his or her own conclusions. In any case, the new data presented here, collected internationally and in a comparable manner, are now available for discussing the issue of juvenile smoking initiation.

Limitations

It may be objected that this study has reduced cultural differences among the five countries to a single factor, namely, the differences among national tobacco-advertising controls. This is not quite correct since there are references to cultural habits — particularly in **Hong Kong** and **Spain**. However, even if this criticism is valid and we need further studies of the role of other

(*) See, for example: *Tobacco Advertising Bans and Consumption in 16 Countries.* New York: International Advertising Association, 1986.

2503017726

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

cultural factors in the initiation of smoking by the young, *this very requirement also applies to those who advocate cigarette-advertising bans and other restrictions all over the world.* They too ignore or downplay the varying impacts of cultural values and customs when they propose the same solutions — bans and restrictions — everywhere.

The findings reported here deal mainly with juvenile smoking initiation, and do not investigate factors accounting for the continuation of smoking behaviour. Only additional research can explain the latter but, meanwhile, the Children's Research Unit's study can be considered to have thoroughly investigated factors influencing the initiation of smoking by youngsters on a cross-national basis.

In my editorial role, I have asked the authors of this report to clarify their methods and findings, and to limit their interpretations to what can be reasonably inferred from the data. As such, the following study provides valuable evidence for researchers, policy-makers, advertising practitioners and concerned citizens.

J.J. Boddewyn

Professor of Marketing/International Business
Baruch College, City University of New York
17 Lexington Avenue, New York 10010, USA
Tel. (212) 725-3295

2503017727

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

2. THE ISSUE

There is a growing body of *national* studies identifying factors accounting for "juvenile smoking initiation," that is, the conditions and motivations associated with children starting to smoke (see Appendix G for a review of that literature). Besides, whether substantiated or not, there is a fairly widespread belief around the world that advertising constitutes a major factor in this initiation process. In contrast, there has been a lack of systematic *cross-national* research to compare juvenile smoking initiation under different country conditions.

Nations, of course, vary considerably in such factors as values, economic development, political systems and social stratification. Controlling for all of these factors is a daunting task indeed for any researcher. However, considering that one common remedy has been proposed to combat juvenile smoking, namely, to ban or severely restrict tobacco advertising, it was highly desirable *to compare countries that differ significantly in terms of public policies toward tobacco advertising, in order to determine the relative impact of tobacco advertising on why juveniles start smoking.*

To this end, the tobacco industry's international information organisation (INFOTAB) commissioned the Children's Research Unit (CRU — see Appendix A) to determine the extent to which tobacco advertising influenced *juvenile smoking initiation* in a sample of countries selected for their different regulatory systems regarding the advertising of tobacco products (see Appendix F for further details about these systems).

2503017728

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

3. BASIC RESEARCH APPROACH

The programme of research reported here has involved independent research investigations in four countries, conducted during 1984 (**Australia**), 1985 (**Norway**) and 1986 (**Spain** and **Hong Kong**). This research programme has attempted to investigate comprehensively juvenile smoking initiation, with particular attention being given to the role of advertising.

Approximately 1000 interviews were conducted in each one of these four countries with male and female respondents aged 7-15/16 years, according to a quota sample. All interviews were conducted personally and in-home, with parental permission and the willing participation of the child (see Appendices C and E for further details).

First of all, it was important to apply a reliable estimator of smoking prevalence so that countries with varying policies towards tobacco advertising control could be meaningfully compared. CRU therefore decided to apply Bewley's Smoking Prevalence Estimator (see Appendix D), widely accepted in this field, throughout this international research project. Since the UK Office of Population Censuses and Surveys (OPCS) studies (Dobbs & Marsh 1, 2*) had also applied Bewley's modified estimator in 1982 and 1984, this enabled comparisons to be made between data from the **United Kingdom** (OPCS) and other countries (CRU studies).

Four countries were chosen as providing important comparisons in relation to the degree of media exposure allowed for tobacco advertising at the time of the survey:

1. **AUSTRALIA** was selected as having similar voluntary agreements to those in the **United Kingdom** as far as restrictions on tobacco advertising are concerned.
2. **NORWAY** was chosen because there has been a total ban on tobacco advertising in force since 1975.
3. **SPAIN** and
4. **HONG KONG** were selected to provide further contrasts in that tobacco advertising was permitted across all media in these two countries.

* The numbers in parentheses refer to entries in the Bibliography (Appendix H) at the end of this report.

2503017729

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

The UK OPCS studies provided the baseline essential for investigating **Australia, Norway, Spain** and **Hong Kong**, and the results from all five countries are considered here (Note: In the **United Kingdom** there were three separate studies which are treated here as one — see Appendices D and E).

The overall approach adopted in this report is to illustrate the picture which emerges from each national survey. It must be stressed, however, that "regular smokers" are always defined in the same way as children who smoke at least one cigarette every week, and that "children" always means children of comparable age, when this appears to be important (see Appendix D).

Against this background, this research report considers the national patterns of smoking, the ways in which smoking seems to start, and the part which advertising may play in this process, against the impact of the social and familial environments.

With a study of this complex nature, there are many possible analytical breakdowns of the statistics, such as boys versus girls, those who live in towns versus those who live in the country, and social and cultural factors. However, the purpose of the research was to examine differences among five countries; and the data is therefore presented here five ways by country of study, and within this, by smokers against non-smokers, and often by age as well. Further fragmentation would seem likely to bring confusion rather than enlightenment within the context of this report.

Further enquiries about this cross-national survey can be addressed to:

Glen Smith, Director
Children's Research Unit (CRU)
Albany House
Portslade Road
London SW8 3DJ
England

Tel. 01-622 0286
Tx. 8952387

2503017730

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

cultural factors in the initiation of smoking by the young, *this very requirement also applies to those who advocate cigarette-advertising bans and other restrictions all over the world.* They too ignore or downplay the varying impacts of cultural values and customs when they propose the same solutions — bans and restrictions — everywhere.

The findings reported here deal mainly with juvenile smoking initiation, and do not investigate factors accounting for the continuation of smoking behaviour. Only additional research can explain the latter but, meanwhile, the Children's Research Unit's study can be considered to have thoroughly investigated factors influencing the initiation of smoking by youngsters on a cross-national basis.

In my editorial role, I have asked the authors of this report to clarify their methods and findings, and to limit their interpretations to what can be reasonably inferred from the data. As such, the following study provides valuable evidence for researchers, policy-makers, advertising practitioners and concerned citizens.

J.J. Boddewyn

Professor of Marketing/International Business
Baruch College, City University of New York
17 Lexington Avenue, New York 10010, USA
Tel. (212) 725-3295

2503017731

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

5. KEY FINDINGS

1. Table 1 reveals the proportions of 7-15 year old children smoking at all, which were found to be similar among the countries surveyed, the exception being **Hong Kong** where smoking was less common, despite the absence of almost all tobacco advertising controls in that country.

Table 1 OVERALL SMOKING BEHAVIOUR

INTERNATIONAL DATA - PERCENTAGES GIVING THIS ANSWER FROM FULL SAMPLE AGED 7-15 YEARS

	Australia (*)	Norway	Spain	Hong Kong
Total in numbers	998	998	1016	1003
Never	56%	54%	51%	90%
Once	23%	24%	34%	7%
Used to	9%	5%	6%	1%
Occasional	6%	5%	3%	–
Regular	5%	10%	4%	1%
No Answer	1%	2%	2%	1%

(*) 7-16 year olds were interviewed in Australia.

2. Where data are compared between 11-15 year-olds in all countries, including the UK/OPCS studies, these patterns remain constant, with the incidence in **Hong Kong** markedly lower than elsewhere (see Table 2).

2503017732

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

3. BASIC RESEARCH APPROACH

The programme of research reported here has involved independent research investigations in four countries, conducted during 1984 (**Australia**), 1985 (**Norway**) and 1986 (**Spain** and **Hong Kong**). This research programme has attempted to investigate comprehensively juvenile smoking initiation, with particular attention being given to the role of advertising.

Approximately 1000 interviews were conducted in each one of these four countries with male and female respondents aged 7-15/16 years, according to a quota sample. All interviews were conducted personally and in-home, with parental permission and the willing participation of the child (see Appendices C and E for further details).

First of all, it was important to apply a reliable estimator of smoking prevalence so that countries with varying policies towards tobacco advertising control could be meaningfully compared. CRU therefore decided to apply Bewley's Smoking Prevalence Estimator (see Appendix D), widely accepted in this field, throughout this international research project. Since the UK Office of Population Censuses and Surveys (OPCS) studies (Dobbs & Marsh 1, 2*) had also applied Bewley's modified estimator in 1982 and 1984, this enabled comparisons to be made between data from the **United Kingdom** (OPCS) and other countries (CRU studies).

Four countries were chosen as providing important comparisons in relation to the degree of media exposure allowed for tobacco advertising at the time of the survey:

1. **AUSTRALIA** was selected as having similar voluntary agreements to those in the **United Kingdom** as far as restrictions on tobacco advertising are concerned.
2. **NORWAY** was chosen because there has been a total ban on tobacco advertising in force since 1975.
3. **SPAIN** and
4. **HONG KONG** were selected to provide further contrasts in that tobacco advertising was permitted across all media in these two countries.

* The numbers in parentheses refer to entries in the Bibliography (Appendix H) at the end of this report.

2503017733

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

6. THE PREVALENCE OF SMOKING

In Tables 1 and 2, information is given for the total sample (7-15 years) and for 11-15 year-olds only, the latter being comparable with the **United Kingdom** surveys.

For 11-15 year-olds in every country, with the exception of **Hong Kong**, the position was similar: about half said that they had *never* smoked, and between one fifth and two fifths said that they had tried once and never again. Bearing in mind that it is between these two groups (those who had never smoked and those who had tried once and never again) that all **United Kingdom** adjustment was made (see Appendix D), three out of four children aged between 11 and 15 years had never smoked more than once.

On the other hand, in all countries, between less than one in ten and approximately one in seven — lowest in **Spain** (7%), highest in **Scotland** (16%) and **Norway** (13%) — said that they were now regular smokers, that is, smoked at least one cigarette a week (see Appendix D for a definition of "regular smoker").

Hong Kong, however, differs dramatically from all the other countries studied, in that the proportion of children who smoked — despite less stringent advertising controls than elsewhere — is *lower* than anywhere else, yet confirms almost all the remaining findings. In **Hong Kong**, only 3% of children aged 11-15 reported that they were regular smokers, against 85% who said that they had never even had a single puff.

Part of this difference is undoubtedly due to social factors. In **Hong Kong**, and nowhere else, there was a major variation between the smoking habits of boys and girls. Looking at all those who have ever smoked:

- In **England**, for every 100 boys, there were 95 girls who had ever smoked.
- In **Wales**, for every 100 boys, there were 102 girls who had ever smoked.
- In **Scotland**, for every 100 boys, there were 100 girls who had ever smoked.
- In **Australia**, for every 100 boys, there were 100 girls who had ever smoked.
- In **Norway**, for every 100 boys, there were 73 girls who had ever smoked.
- In **Spain**, for every 100 boys, there were 73 girls who had ever smoked.

But,

- In **Hong Kong**, for every 100 boys, there were 42 girls who had ever smoked.

2503017734

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

This sex difference is also reflected in the smoking habits of parents, as we shall soon see.

Naturally, there is a progression *upwards*, the older the child becomes. This increase is governed by a number of factors: as the child becomes older, adult aspirations and identification with adults increase, the child's peer group widens and includes peers with a greater variety of behaviour patterns, the child's mobility and spending power increase, and the age for legal purchase of the product approaches. Taking the two age extremes on which information is available in all countries (11 year-olds against 15 year-olds), we find the following patterns for those smoking one or more cigarettes a week:

SMOKING ONE OR MORE CIGARETTES A WEEK

	At 11	At 15
England	1%	28%
Wales	1	23
Scotland	3	32
Australia	1(*)	19
Norway	0	36
Spain	1	27
Hong Kong	0	11

(*) 11/12 year-olds.

It is worth noting the higher incidence of smoking in **Norway** where a tobacco-advertising ban has been in operation since 1975. **Hong Kong** has far fewer smokers at age 15, as does **Australia**. Even at 15, however, there is no country where children/young people have reached the smoking levels of their parents, as shown below:

	PERCENTAGES OF 15-YEAR-OLDS SMOKING	PERCENTAGES OF ALL CHILDREN SAMPLES REPORTING THAT THIS PARENT SMOKED(*)	
		Father	Mother
England	28%	44%	37%
Wales	23	47	43
Scotland	32	50	48
Australia	19	40	34
Norway	36	51	46
Spain	27	69	32
Hong Kong	11	44	4

(*)*11-15 year-olds in the* **United Kingdom**
7-16 year-olds in **Australia**
7-15 year-olds in **Hong Kong, Spain and Norway**

2503017735

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

One final point: for the sake of simplicity in reporting these data, we have considered all smoking as equal, whether the number smoked per week is one or forty, or even more. The classifications used in all surveys allowed for this aspect, and more detailed breakdowns are shown in the following table:

	11-15 YEAR-OLDS : PERCENTAGES SMOKING THIS NUMBER OF CIGARETTES PER WEEK			TOTAL PERCENTAGES OF 11-15 YEAR-OLDS SMOKING
	1-6	**7-39**	**40+**	
England	3%	7%	3%	13%
Wales	3	6	2	11
Scotland	4	9	4	16
Australia	3	4	2	9
Norway	4	6	3	13
Spain	3	3	1	7

Note: **Hong Kong** figures were too low to be broken down.

Again, the similarity is obvious, except for **Spain**. In most countries, there are similar lower proportions at the two extremes — less than seven cigarettes a week, or more than forty. The middle-of-the-road group is usually about twice the size of either of these groups.

These findings suggest that, irrespective of advertising restrictions, the amount smoked in each country appears to be independent of the variation in advertising controls although one argument advanced for such government restrictions has been that they influence not the fact but the amount of smoking.

2503017736

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

7. THE DIRECT IMPACT OF ADVERTISING ON JUVENILE SMOKING INITIATION

The extent to which "outside messages" from the tobacco industry have made their mark on the young can only be considered against the smoking patterns described above. The four country surveys revealed that the major — indeed the overwhelming — influence on the start of smoking behaviour among young people was the related behaviour of friends and family, and that this is almost identical in all the countries studied.

In all surveys outside the **United Kingdom**, direct questions were asked about potential influences. In **Norway, Spain, Australia** and **Hong Kong**, children were shown a list of items which might have influenced them(*). Their answers with regard to what might have influenced them *most* are discussed in greater detail in the next section, but what is shown below are references to advertising as *prompted* responses (i.e. from a proposed list):

	PERCENTAGES IN THESE COUNTRIES SAYING THAT, IN STARTING TO SMOKE, ADVERTISING WAS:
	First Most Important Reason
Norway	0%
Spain	0
Hong Kong	1

In Australia, no boys and 1% of girls answered "advertising" in reply to a differently phrased but similar question (see bottom of Table 3 on page 16).

Few adults believe that they are ever directly influenced by advertising. However, there is a good deal of evidence (3, 4, 5, 6) that children are less likely to be coy or self-deceiving in this respect — certainly, in the case of many other products, they will happily admit to advertising pressure. In such a context — indeed even if we do assume that children are as reticent as adults —, the similar very low percentages reported in the above table imply little advertising influence, compared to other factors.

(*) Respondents were shown a list of possible reasons for starting to smoke (see Table 3 on page 16).

2503017737

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

As this study concentrated on investigating tobacco issues, there was insufficient scope for similarly investigating other products such as alcohol and confectionery. However, in order to put the tobacco results into context, respondents were questioned about their brand awareness of cigarettes, alcohol and confectionery (interpreted respectively as "beer" and "chocolate"). The exception was **Australia** where advertising awareness about these other products was not covered. The findings were as follows:

- In **Norway** (where there is no advertising of cigarettes), 70% mentioned the leading brand of cigarette, against 71% who mentioned the leading brand of chocolate, and 77% the leading brand of beer.
- In **Spain**, the pattern was quite different, with 77% mentioning the leading brand of cigarette, 63% the leading brand of chocolate, and 49% the leading brand of beer.
- In **Hong Kong**, 77% mentioned the leading brand of cigarette, 87% the leading brand of chocolate, and 91% the leading brand of beer.
- In **Australia**, at least 87% said that they had seen cigarette advertising, but as the full Australian report comments: "Awareness, then, of cigarette advertising was high amongst all age groups. This finding essentially reflects children's awareness of many adult products — for example, kettles, soap powder, petfood, etc. — rather than a motivation to purchase these products."

In other words, brand awareness of cigarettes is quite high in all the countries surveyed, irrespective of whether advertising is allowed or not. This is also true regarding non-tobacco products and even those which the young do not use (for example, kettles, petfoods and detergents).

Other parts of this report suggest that such cigarette brand awareness is picked up from family, friends and other people when cigarette advertising is not allowed. However, the fact that cigarette brand awareness is high, even in countries with no advertising, is related to the industry's argument that the purpose of cigarette advertising is to induce brand switching — not just brand awareness which constitutes only the initial step, and can be generated through means other than advertising.

2503017738

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

8. STARTING TO SMOKE

The cross-national pattern is one of remarkable consistency in the proportion of children who smoke, and in the extent to which they smoke. However, what are the influences which seem to be at work in starting them to smoke? As CRU's research experience with children has shown them to be highly aware of brands and advertising in different markets, regardless of product usage, this international study set out to consider *children's own views* of the ways in which they came to smoke in the first place. The impact of advertising as an initiating factor was included in this framework.

The conclusions which emerge from this international survey will cause little surprise, at least in the central theme. On the one hand, there is the daredevil approach to the first puff; on the other, there is the influence of friends and schoolmates, and of family. They are largely "common-sensical" and corroborate several national studies (see Appendix G), although in a comparative and comparable manner, and in the context of varying degrees of tobacco advertising control.

In this research project, questions were asked on the circumstances of the first smoke. Results of "why" and "with whom" are given in Tables 3 and 4. Unfortunately, there are no UK data on "why," but a generally comparable question was asked in all countries outside the **United Kingdom**. For this purpose, a list of possible reasons was shown to all respondents to the CRU surveys, and a further one was asked on where the first cigarette was smoked.

In all countries, hardly surprisingly, among reasons given, "To see what it was like" came in first place, followed by variations on the theme of conformity (19% in **Australia** said that all their friends smoked; the same proportion in **Spain** said that someone gave them one) or of daredevilry (38% gave this answer in **Hong Kong**, 7% in **Australia** and 4% in **Norway**).

Greater interest probably lies in Table 4 which presents answers to the question: "With whom?" Certain cultural differences were apparent although detailed examination of these was not possible within the scope of the studies conducted. However, a couple of the most obvious differences can be explained by the fact that, in **Spain**, it is the local wedding custom for children to be given a quick puff of a cigarette, to indicate adulthood. This would account for the very different pattern in **Spain** — not merely the high proportion given cigarettes (referred to in the above paragraph), but also the far higher percentage (31%) who referred to a special occasion (see Table 3). This was a category added for **Spain** alone, and not enquired about elsewhere.

2503017739

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Table 3

STARTING TO SMOKE

ANSWERS GIVEN TO PROMPTED REASONS FOR STARTING TO SMOKE - FIRST MENTIONS

	United Kingdom	Australia (*) All Mentions	Norway(*)	Spain(*)	Hong Kong
		First Most Important Reason			
Total in numbers of those who have ever smoked	No Comparable Question	483	420	491	94
To see what it was like		78%	64%	35%	40%
All my friends smoked		19%	6%	5%	5%
Someone gave me one		18%	9%	19%	14%
For a dare		7%	4%	0%	38%
I just found one		5%	4%	0%	2%
I was bullied		4%	1%	1%	–
Parents made me		3%	N/A	N/A	N/A
I saw an advertisement		1%	0%	0%	1%
Because parents smoke		1%	N/A	N/A	N/A
Tried to look tough		N/A	11%	1%	1%
Tried to show off		N/A	2%	2%	–
Tried to look grown up		N/A	1%	3%	–
Special occasion		N/A	N/A	31%	N/A

(*) *Question Wordings:*

Australia : "Can you remember when you tried the first cigarette? Was it for any of these reasons?"

Norway, Spain and Hong Kong : "These are some (other) reasons that people have given us as to why they tried their first cigarette. I would like you to look through them and decide if any of them had any part in your trying a cigarette. Tell me which was the most important reason..."

2503017740

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Table 4

STARTING TO SMOKE

OTHERS PRESENT AT TIME OF FIRST SMOKE(*)

	United Kingdom			Australia	Norway	Spain	Hong Kong
	England	Wales	Scotland				
Total in numbers of those who have ever smoked	2025	1328	1697	583	420	491	94
Friends	65%	71%	70%	54%	69%	29%	38%
Brother	7%	7%	4%	7%	4%	16%	11%
Sister	6%	5%	5%	8%	5%	14%	6%
Mother	3%	2%	3%	15%	14%	34%	9%
Father	4%	2%	2%	16%	12%	32%	18%
Others	6%	4%	5%	10%	–	33%	10%
Alone	9%	8%	8%	7%	8%	1%	27%
Can't remember	9%	7%	8%	–	1%	–	–
Percentage of mentions(**)	109%	106%	105%	117%	113%	159%	115%

Question wording in **United Kingdom**: "Who were you with, the first time you tried smoking a cigarette?" Almost identical wordings were used elsewhere, except that precoding allowed for "one friend" against "more than one friend."

(*) **United Kingdom** figures concern children aged 11 upwards; all others concern children from 7-years upwards. Technically, we are describing an event which took place at a specific age, and therefore this difference between the two age groups is irrelevant, although it seems very likely that the higher percentages mentioning father and mother outside the **United Kingdom** reflect more recent recall by younger smokers.

(**) Totals add up to more than 100% because several answers were allowed.

2503017741

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Similar variations spilled into answers given on environments and locations. Clearly, we would expect that the most common environment for the first puff would be with friends and peer groups: with one exception, this proved to be the case. The exception, once again, is **Spain** where "others in family", "father" and "mother" score more heavily, again stressing the special occasion already mentioned. However, in all countries whether "hole-in-the-corner" or flagrantly open, the first smoke with friends seems to be a form of initiation ceremony, something which makes the smoker more like an adult.

Table 4 has much more to tell us. Except in **Hong Kong**, less than one in ten youngsters first practised on their own; but a far higher proportion than this — between a fifth and just over a third — started in the company of someone in their family. Indeed, an additional question, asking where the child was at the time of first trial, shows that the proportions saying they started within their own home were as follows:

FIRST CIGARETTE TRIAL AT HOME

11-15 Years	
England	15%
Wales	12
Scotland	12
7-15 Years	
Australia (7-16 years)	38%
Norway	29
Spain	26(*)
Hong Kong	55

(*) "Special occasions" in Spain usually occur outside of the home.

Perhaps because of question wording or question positioning in the surveys (although reasons are not clear), **United Kingdom** figures are far lower than elsewhere, but still remain substantial.

All this clearly highlights the importance of parental attitudes. The UK Government/OPCS study conducted in 1984 by Dobbs and Marsh stated that: "A number of studies have suggested that the development of children's smoking experience is influenced by the smoking behaviour of their parents and siblings. The additional 1984 questionnaire therefore included a question about the smoking behaviour of pupils' families."

2503017742

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

This 1984 OPCS study goes on to report the proportions of family smoking, and shows how they compare with other data. It then comments that: "The survey shows that pupils who smoked were more likely to live among smokers. In **England** and **Wales**, for example, only 18% of pupils who were regular smokers, and 22% who were occasional smokers, said that no one at home smoked, compared with 46% of pupils who have never smoked. The proportions of pupils whose fathers smoked rose from 39% of those who had never smoked, through 46% of those who had tried smoking once and 46% of those who used to smoke, to 50% of occasional smokers and 52% of regular smokers. The proportions of pupils with mothers, sisters or brothers who smoked followed a similar pattern: in each case, the proportion rose with the smoking experience of the pupils, sometimes substantially. For example, in **England** and **Wales**, only 7% of pupils who had never smoked had a brother at home who smoked, compared with 33% of pupils who smoked regularly. In **Scotland**, there was less variation in the proportion of pupils with mothers or fathers who smoked; the only significant differences were between regular smokers and all other smokers."

This has been quoted at some length from the **United Kingdom** survey since, in other countries, the pattern is almost identical. It is not possible to make exact comparisons, but Table 5 shows the close similarities in the key groups:

Table 5

SMOKING BEHAVIOUR OF THOSE WITHOUT SMOKERS IN HOUSEHOLD

	England*	Wales*	Scotland*	Australia***	Norway**	Spain**	Hong Kong**
Never smoked	46%	39%	33%	47%	N/A	21%	34%
Tried once	33	31	26	33	N/A	17	
Used to smoke	29	26	27	31	N/A	9	16%
Occasional smoker	22	27	18	28	N/A	6	
Regular smoker	18	10	10	18	N/A	7	

* = 11-15 year-olds
** = 7-15 year-olds
*** = 7-16 year-olds

Thus, as already quoted, less than one in five of regular smokers in **England** came from households where there were no other smokers, and the proportion dropped to only one in ten in **Wales** and **Scotland**. In **Spain**, it was less than one in ten, and in **Hong Kong** far less. Of the countries studied by CRU, the highest proportion of juvenile regular smokers coming from

2503017743

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

households where there were no other smokers was in **Australia** (equal to the **United Kingdom**). Even there, they still numbered less than one in five of the smoking group — not more than one fifth, in other words, have automatically to turn to "other reasons" for smoking.

Altogether, whatever the nature of tobacco controls in the countries studied, young people are three times as likely to smoke when they live in a household where anybody smokes as they are in a household where there are no smokers at all.

Children are exposed to many different influences such as the authority of parents and the comradeship and rivalry of siblings and/or peers. For instance, in the **United Kingdom**, it is very clear that the habits of brothers and sisters are of more importance than those of parents, the latter inevitably playing a larger role in one-child households (and, in consequence, presumably playing that role in *every* household, as far as the firstborn is concerned).

A note is relevant here on **Hong Kong**. Among all those interviewed (that is, the total sample of 1003 respondents), 44% said that their *father* smoked — an identical proportion to those in **England** — and 55% said that they came from a family where somebody smoked, compared with 65% in **England**. However, whereas in **England** 37% reported that their *mother* smoked, only 4% gave this answer in **Hong Kong**. In other words, it would appear from the very small numbers of children *and* mothers smoking in **Hong Kong**, that the maternal role is critical in juvenile smoking initiation in that country.

2503017744

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX A

BACKGROUND TO THE CHILDREN'S RESEARCH UNIT (CRU)

The Children's Research Unit is a London-based market research company specialising in research with children and young people in the United Kingdom and internationally. It was set up in 1972 by Glen Smith, a child psychologist, who is a full member of the British Market Research Society. CRU has played a leading role in developing the field of children's research in the United Kingdom and abroad, by applying modifications of established clinical procedures for obtaining information from children and young people.

Studies have been conducted in a wide variety of areas such as town planning (play facilities), road safety, career guidance, drug abuse, toys and games, computers and software, magazines and comics, food and drink, TV programmes, and advertising in all media.

CRU regularly disseminates information concerning its research findings about a wide variety of markets, via the international conference circuit and professional publications. In addition, CRU is frequently consulted by the media (television, press and radio) regarding children's reactions to advertising, their consumer behaviour patterns, interests/lifestyles, and other issues. Channel 4 Television (London) recently filmed a session at CRU's headquarters where children were being interviewed about television advertising.

CRU's clients include major manufacturers, advertisers, professional and trade associations, media groups, government units (the UK Central Office of Information - road safety; and the European Parliament - anti-drug campaigns), banks, film companies, television groups and publishing houses.

In addition to carrying out research on a national and international scale, the company also conducts research at its Observation Studio, with a two-way mirror facility, and at its Electronic Research Laboratory. CRU also runs a regular children's panel.

2503017745

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX B

INTERVIEWING CHILDREN : GENERAL COMMENTS

In children's research, CRU is frequently asked the question: "At what age can children be considered 'reliable' research respondents?" Since a wide range of individual differences can be found whenever children are grouped in chronological-age levels, answers to such a question can only be couched in general terms.

Overall, CRU's policy (dictated by past experience) is to interview children from a minimum age of 5 years. Clearly, due to the 5-year-old's lack of conceptual development, interview exchanges have to be short, to the point and carefully structured, in order to allow the child freedom of response. Children under the age of 5 years are more productively assessed using direct observation methods, as applied in the company's two-way-mirror Observation Studio.

It is of fundamental importance to *any* research programme involving children to utilise rapport-building techniques which aim to establish rapport between the interviewer and the child as early as possible in the interview situation. Unless the child is particularly sophisticated, there is a strong tendency in adult/child interview settings for the child to behave in approval-seeking terms, when confronted by an unfamiliar adult. This can induce the child to respond in a manner which he/she considers the interviewer wants to see/hear. If this attitude prevails, the interview becomes worthless.

In order to prevent this happening, CRU interviewers convey to the child at an early point in the interview that it is primarily what he/she thinks/feels about the subject under discussion which is important, and, as such, there are no "right" or "wrong" answers when evaluative questions are posed. The interviewer communicates this also at selected intervals during the interview, to serve as reinforcement and/or as a confidence-building technique. We have found that this usually produces honest responses from children who, in many cases, are often unaccustomed to the experience of meeting an unfamiliar adult who is interested in their views.

Location

The choice of interview setting can also enhance rapport. For an investigation of this nature and complexity, CRU has found that school settings are not conducive to investigating complex or controversial areas, given the

2503017746

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX C

CRU'S RESEARCH METHODS USED IN THIS STUDY

In the first instance, exploratory qualitative research was conducted in each country, in order to identify the key attitudes of respondents to smoking issues. A Master Questionnaire was then drawn up, for quantification purposes. The main topics covered in the questionnaire are noted in Appendix E.

Approximately 1000 respondents between the ages of 7 and 15/16 years were personally interviewed in each of the four countries directly surveyed by CRU. Children and young people were recruited via a *quota sample* (where selection requirements such as age and sex were pre-determined), and individual interviews were conducted in home. All interviews were conducted with the permission of a parent and the willing participation of the child, although in strict confidence and in the absence of either parent.

Since identical interviewing procedures were adopted in each country, the samples interviewed were broadly comparable. Leading research agencies conducted the interviews in their country of origin under close supervision from CRU's directors.

The Research Rationale

1. Market Selection

In addition to tobacco, CRU selected two extra markets, alcohol and confectionery (interpreted as "beer" and "chocolate") in order to provide product comparisons in the four countries surveyed. However, to restrict quantitative interviews to manageable lengths, comparable questions about these three products (tobacco, alcohol and confectionery) were only asked about brand and advertising awareness, including the sources of awareness. The bulk/remainder of the questionnaire concentrated on investigating cigarette/tobacco issues exclusively.

2. Application of Distancing Techniques

CRU used a distancing technique for obtaining each child's attitudes and behaviour patterns in relation to smoking/non-smoking as follows. The interview first focussed on *parental* behaviour, then *siblings and friends*, and finally on the *respondent* him/herself. In this way, by talking firstly about *other* people's behaviour in a non-judgemental manner, rapport was built up between interviewer and respondent, and the child became appropriately more relaxed and confident when reporting on his/her own behaviour.

2503017747

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX D

SMOKING FREQUENCY

In the 1982 and 1984 United Kingdom Government Surveys conducted by Dobbs and Marsh, a preliminary question asked all children to check the alternative from those listed below, which they felt best described their position: (*)

Statements	Abbreviations for Classification
I have never smoked	"Never smoked"
I have only tried smoking once	"Tried once"
I used to smoke sometimes, but I never smoke a cigarette now	"Used to smoke"
I sometimes smoke cigarettes now, but I don't smoke as many as one a week	"Smokes occasionally"
I usually smoke between one and six cigarettes a week	"Smokes regularly"
I usually smoke more than six cigarettes a week, but less than forty	"Smokes regularly"
I usually smoke forty or more cigarettes a week	"Smokes regularly"

To consider "Less than 6 cigarettes a week" as amounting to "Smokes regularly" may seem strange. It must be considered, however, that obtaining cigarettes and smoking them is much more difficult for juveniles than for adults, so that a small number of cigarettes smoked amounts to "regularly" as far as children are concerned.

In later parts of the interview, further questions were asked which could, at the analysis stage, be cross-checked against the original statements. For example, some of those who originally said that they never smoked, subsequently admitted to having tried once or twice. In the final data, the adjusted figures were used.

It is important to stress the care which was taken by the UK Government study to ensure that the statements measured the real level of incidence.

(*) These classifications can be found in: Bewley B.R. and Bland J.M. "Academic and social factors related to cigarette smoking by schoolchildren." British Journal of Preventive and Social Medicine, 1977, 31 : 18-24 (54).

2503017748

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX E

OUTLINE INFORMATION ABOUT SURVEYS

	DATE	AGENCY	METHOD	SIZE	AGE RANGES (a)
UNITED KINGDOM					
England (b)	1984	Office of Population Censuses & Surveys	Written questions: **at school**	3658	11-15
Wales	1984	"	" "	2773	11-15
Scotland	1984	"	" "	2798	11-15
AUSTRALIA	1984	Children's Research Unit	Personal: **at home**	998	7-16
NORWAY	1985	"	" "	998	7-15
SPAIN	1986	"	" "	1016	7-15
HONG KONG	1986	"	" "	1003	7-15

Notes: (a) In all surveys, both boys and girls participated.
(b) Technically England-and-Wales: see note in text.

MAIN TOPICS COVERED IN SURVEYS

	Smoking Patterns	Factors Affecting the Start of Smoking	Attitudes toward Smoking	Advertising Awareness
United Kingdom	X	X	X	—
Australia	X	X	X	X
Norway	X	X	—	X (c)
Spain	X	X	—	X (c)
Hong Kong	X	X	—	X (c)

(c)There were some questions on brand awareness.

2503017749

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

QUESTION EXAMPLES

How old were you when you tried that first cigarette? (CIRCLE APPROPRIATE CODE)

5 YEARS OR UNDER	I
6 YEARS	2
7 YEARS	3
8 YEARS	4
9 YEARS	5
10 YEARS	6
11 YEARS	7
12 YEARS	8
13 YEARS	9
14 YEARS	V
15 YEARS	X

Where were you when you tried it?

_____

_____

_____

And where did you get that first cigarette from? (PROBE FULLY)

_____

_____

These are some other reasons that people have given us as to why they tried their first cigarette. I would like you to look through them, and decide if any of them had any part in your trying a cigarette. Tell me, which was the most important reason?

(SHOW PROMPT CARD) (PROBE: ANY OTHER REASONS?)

I TRIED IT FOR A DARE	
BECAUSE ALL MY FRIENDS SMOKED	
SOMEONE GAVE ME ONE	
I WAS BULLIED	
I'D SEEN ADVERTISING FOR CIGARETTES	
I JUST FOUND ONE	
I WANTED TO SEE WHAT IT WAS LIKE	
I TRIED IT TO LOOK TOUGH	
I TRIED IT TO LOOK GROWN-UP	
I TRIED IT TO SHOW OFF	

2503017750

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX D

SMOKING FREQUENCY

In the 1982 and 1984 United Kingdom Government Surveys conducted by Dobbs and Marsh, a preliminary question asked all children to check the alternative from those listed below, which they felt best described their position: (*)

Statements	Abbreviations for Classification
I have never smoked	"Never smoked"
I have only tried smoking once	"Tried once"
I used to smoke sometimes, but I never smoke a cigarette now	"Used to smoke"
I sometimes smoke cigarettes now, but I don't smoke as many as one a week	"Smokes occasionally"
I usually smoke between one and six cigarettes a week	"Smokes regularly"
I usually smoke more than six cigarettes a week, but less than forty	"Smokes regularly"
I usually smoke forty or more cigarettes a week	"Smokes regularly"

To consider "Less than 6 cigarettes a week" as amounting to "Smokes regularly" may seem strange. It must be considered, however, that obtaining cigarettes and smoking them is much more difficult for juveniles than for adults, so that a small number of cigarettes smoked amounts to "regularly" as far as children are concerned.

In later parts of the interview, further questions were asked which could, at the analysis stage, be cross-checked against the original statements. For example, some of those who originally said that they never smoked, subsequently admitted to having tried once or twice. In the final data, the adjusted figures were used.

It is important to stress the care which was taken by the UK Government study to ensure that the statements measured the real level of incidence.

(*) These classifications can be found in: Bewley B.R. and Bland J.M. "Academic and social factors related to cigarette smoking by schoolchildren." British Journal of Preventive and Social Medicine, 1977, 31 : 18-24 (54).

2503017751

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

However, the effects of these adjustments were small, as can be illustrated from the UK study from 1984:

	ADJUSTMENT	
	BEFORE	**AFTER**
Has never smoked	50%	45%
Tried once	19	24
Used to smoke	13	13
Smokes occasionally	5	6
Smokes regularly	13	13

Note: The official report refers to this part of the survey as **England** and **Wales** since certain Welsh schools were included to provide comparability with the 1982 study. For ease of reading throughout this report, it is referred to as "**England.**"

The OPCS's application of Bewley's Smoking Prevalence Indicator became a central part of CRU's planning of surveys in other countries. It was therefore repeated exactly in the children-and-smoking surveys reported here.

2503017752

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX E

OUTLINE INFORMATION ABOUT SURVEYS

	DATE	AGENCY	METHOD	SIZE	AGE RANGES (a)
UNITED KINGDOM					
England (b)	1984	Office of Population Censuses & Surveys	Written questions: **at school**	3658	11-15
Wales	1984	"	" "	2773	11-15
Scotland	1984	"	" "	2798	11-15
AUSTRALIA	1984	Children's Research Unit	Personal: **at home**	998	7-16
NORWAY	1985	"	" "	998	7-15
SPAIN	1986	"	" "	1016	7-15
HONG KONG	1986	"	" "	1003	7-15

Notes: (a) In all surveys, both boys and girls participated.
(b) Technically England-and-Wales: see note in text.

MAIN TOPICS COVERED IN SURVEYS

	Smoking Patterns	Factors Affecting the Start of Smoking	Attitudes toward Smoking	Advertising Awareness
United Kingdom	X	X	X	—
Australia	X	X	X	X
Norway	X	X	—	X (c)
Spain	X	X	—	X (c)
Hong Kong	X	X	—	X (c)

(c)There were some questions on brand awareness.

2503017753

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX F

COMPARISON OF RESTRICTIONS ON TOBACCO ADVERTISING IN COUNTRIES COVERED BY REPORT

COUNTRY	TELEVISION	RADIO	CINEMA	PRESS	SPONSORSHIP	POSTERS	POINT-OF-SALE ADVERTISING
AUSTRALIA	Cigarette and roll-your-own advertising prohibited since 1976	Cigarette and roll-your-own advertising prohibited since 1976	No ads in children's programmes and general programmes during school holidays	No specific restrictions for tobacco	No specific restrictions for tobacco	No specific restrictions for tobacco	No specific restrictions for tobacco
HONG KONG	No tobacco ads 4.30 - 6.30 p.m. or in programmes directed at young people	Restriction as for TV, except no 4.30-6.30 p.m. broadcasting ban. Regulated by TV authority	No specific restrictions for tobacco	No specific restrictions for tobacco	No specific restrictions for tobacco	No specific restrictions for tobacco	No specific restrictions for tobacco
UNITED KINGDOM	No cigarette or roll-your-own advertising permitted	No cigarette or roll-your-own advertising permitted	Voluntary controls. No cinema advertising (*)	Voluntary agreements on tobacco advertising since 1975	Voluntary restrictions since 1977 on expenditures, messages, health warnings, etc.	Voluntary restrictions on expenditures and sites near schools	No specific restrictions for tobacco
SPAIN	Restrictions include no ads for high-tar brands. No ads before 9.30 p.m.	Restricted as for TV. Exception for new low-tar brands for 2 years after introduction	Unrestricted except for Catalonia	No specific restrictions for tobacco	No specific restrictions for tobacco	Restrictions for tobacco. No posters in Catalonia	Advertising only allowed for domestic brands
NORWAY	No tobacco advertising permitted	No tobacco advertising permitted	No tobacco advertising permitted	No tobacco advertising permitted	No sponsorship permitted	No tobacco advertising permitted	No tobacco advertising permitted

(*) Up to 1 April 1986, advertising was permitted in programmes for those aged 18 years and over.

2503017754

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX G

REVIEW OF THE LITERATURE

Many single factors have been postulated as to why children and young people start to smoke. However, a review of the international literature indicates that it is not any one factor but a *combination* of factors which contribute to the decision of whether to smoke or not.

Social factors, for instance, have been increasingly recognised internationally as worthy of more detailed examination, and a large number of studies have focussed on the association between social-network variables and the smoking habits of children and young people (9, 10). Most of the scientific literature in this field consistently agrees that social factors represent by far the most dominant influence as regards starting to smoke (11); and this was also the conclusion of studies from the late 1950s when Horn et al. (12) rated parental and peer group factors as the two most important ones for predicting smoking among high-school students. An early Norwegian study (13) concluded that parental attitudes and peer group pressure were of major importance.

In their comprehensive review of research and theory on the modification of smoking behaviour, Leventhal and Cleary (14) state that social pressure is a prime initiator of experiments with cigarettes. On the other hand, *personality* factors are not considered important in predicting the start of smoking. Williams (15) maintains that the relationships between smoking and personality variables have often been tenuous, and occasionally contradictory. Personality factors appear to influence the amount and type of smoking, rather than the actual adoption of the habit, which is determined more by the social and familial environments of the person.

Regarding *parental behaviour*, a large number of studies confirm that the probability that children and young people smoke increases when their parents smoke (16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38). Some studies conclude that the mother's example is of greater importance than the father's (39, 40, 41), whilst two studies claim the opposite (42, 43). A few studies did not find any association between parental smoking behaviour and the children's habits (44, 45, 46). Bynner (47), in his well-known study of smoking amongst schoolboys, maintains that the association between the parent's and the children's smoking habits is moderate, a conclusion conforming with many of the studies mentioned above. Palmer (48) found that girls more than boys are influenced by their parents' habits. Some researchers report that the relation between parental and child smoking habits is stronger between father and son than between

2503017755

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

mother and daughter (49, 50, 51, 52, 53, 54, 55, 56). That mothers' and daughters' habits are particularly closely related, is reported from two studies (57, 58). Horn's study from 1968 (59) showed that children reduce their use of tobacco when their parents stop smoking.

Attention has also been given to *parental attitudes*. Several researchers have demonstrated that families who are permissive as regards smoking generate an increased probability that the children will start smoking (60, 61, 62, 63, 64, 65, 66, 67). Williams (68) finds that girls more than boys are influenced by parental attitudes. Significant association has also been reported between parents' permissiveness and children's smoking behaviour (69, 70, 71).

The effect of *living outside the parental home*, or with only one of the parents, has also been studied. Wake et al. (72) found that young people living with their parents smoked less than those living outside the family home. Another study concludes that boys leaving their parents at a young age are more likely to smoke (73). A high percentage of smokers has been found amongst children in homes where the parents are divorced (74, 75).

Several surveys have focussed on *the role of siblings*. The conclusions are consistent: when sisters or brothers are smokers, the probability that a child will start smoking is increased (76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87). One study has also concluded that sisters' influence is greater than brothers' influence (88). Another researcher has maintained that the smoking habits of boys are particularly influenced by their brothers (89), whilst one study has confirmed that the association between girls and their sisters' smoking habits is particularly high (90).

A near-perfect consistency is found in studies where the smoking habits of young people and children have been compared with *the smoking habits of best friend or closest friends*. When best friend or friends are smoking, the probability of being a smoker is strongly increased (91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107).

Overall, the findings of these studies indicate that children and young people are most likely to smoke when their father, mother, siblings or best friend(s) smoke, and when the parents are permissive towards children's smoking. Within the family, the association seems to be strongest between persons of the same sex. An additional finding from an early study also deserves mention: children smoke less when their parents have stopped smoking (108).

Advertising has been postulated as having a positive bearing on the decision of the child or young person to start smoking; and several studies have attempted to identify advertising as a major influence in this respect.

2503017756

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

Fisher and Magnus (109) claim that their survey leaves "little doubt" that advertising leads children to take up smoking. However, certain methodological deficiencies and a sample containing children from "disadvantaged" schools (45%) raise serious questions as to the data's validity.

Chapman and Fitzgerald (110, 111) surveyed secondary schools to ascertain juvenile brand preference and advertising recall, but they did not address themselves to the problems of conducting complex and controversial research within schools (refer to Appendix A's sections on "Location" and "Administrator Bias"), and a limited self-completion questionnaire was utilised. Notwithstanding, the authors claim that their data show that "adolescents are well aware of advertisements," but also point out that "the role played by advertising in the decision to smoke needs refining conceptually, so that appropriate questions may be asked in research."

Ledwith (112) claims that televised sports sponsorship by tobacco manufacturers acts as cigarette advertising to children, but acknowledges that his study makes no attempt to establish causal links between sponsorship and children's smoking behaviour. Again, school settings were used, plus the inevitable administrator bias of class teachers administering (limited) self-completion questionnaires to pupils who were not given a free choice to participate in the study, the decision to participate being taken by the headmaster of the school.

Overall, studies of advertising as a potential initiator of juvenile smoking have not been comprehensive, in that they have not examined advertising in the context of other potential influences. They also contain methodological deficiencies. None have attempted to examine the incidence of juvenile smoking in relation to the varying restrictions on tobacco advertising internationally, with the result that no comparable international database has been established by previous researchers.

2503017757

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

APPENDIX H

REFERENCES

1. Dobbs J. & Marsh A., Smoking Among Secondary Schoolchildren. An enquiry carried out for the Dept. of Health & Social Security, the Welsh Office & the Scottish Home and Health Dept. London : Office of Population Censuses & Surveys, Social Survey Division, 1983.

2. Dobbs J. & Marsh A., Smoking among Secondary Schoolchildren in 1984. An enquiry carried out for the Dept. of Health & Social Security, the Welsh Office & the Scottish Home and Health Dept. London : Office of Population Censuses & Surveys, Social Survey Division, 1985.

3. Smith G. & Sweeney A.E. "Children & Television Advertising - An Overview," London Children's Research Unit, 1984.

4. Esserman J. "A Study of Children's Defences Against Television Commercial Appeals." Television Advertising & Children, Child Research Service, New York, 1981: 43-55.

5. Gaines L. & Esserman J. "A Quantitative Study of Young Children's Comprehension of TV Programmes & Commercials." Television Advertising & Children, Child Research Service, New York, 1981: 95-107.

6. Donahue T.R., Henke L.L. & Donahue W.A. 'Do Kids Know what TV Commercials Intend?" Journal of Avertising Research **20:** (5), 1980. 51-57.

7. Smith G. & Sweeney A.E., 1984, ibid.

8. Ledwith F. "Does Tobacco Sports Sponsorship on Television Act as Advertising to Children?" Health Education Journal, 1984 **43:** 85-88.

9. Bewley, B R Day, I. & Idle, L. "Smoking by Children in Great Britain - A Review of the Literature." London: Social Science Research Council & Medical Research Council, 1976.

10. Williams T.M. "Summary and Implications of Review of Literature Related to Adolescent Smoking." Washington: US Dept. of Health, Education & Welfare. Public Health Service, Centre for Disease Control 1972.

11. Royal College of Physicians. "Smoking or Health: A Report of the Royal College of Physicians". London: Pitman Medical, 1977.

12. Horn, D., Courts, F.A., Taylor R.M. & Solomon E.S. "Cigarette Smoking among High School Students." American Journal of Public Health, 1959, **49**, 1497-1511.

13. Norwegian Cancer Society. "Rovking lant barn og unge. En kartlegging av roykevaner blant skoleelever" (Smoking among Children and Youth. A registration of smoking behaviour among schoolchildren). Oslo: The Norwegian Cancer Society, 1957.

14. Leventhal, H. & Cleary, P.D. "The Smoking Problem: A review of the research and theory in behavioural risk modification." Psychological Bulletin, 1980, **88:** 370-405.

15. Williams, 1972, ibid.

16. Horn et al, 1959, ibid.

17. Lundberg, A. "Cigarett-rokning bland skolflickor" (Cigarette Smoking among Schoolgirls), Svenska lakartidningen, 1960, **57:** 1568-1579.

18. Morison, J.B. & Medovy, H. "Smoking Habits of Winnipeg Schoolchildren". Canadian Medical Association Journal, 1961, **84:** 1006-1012.

19. Salber, E.J. & MacMahon, B. "Cigarette Smoking among High School Students related to Social Class and Parental Smoking Habits". American Journal of Public Health, 1961, **51:** 1780-1789.

20. Salber, E.J., Welsh B. & Taylor, S.V. "Reasons for Smoking given by Secondary Schoolchildren". Journal of Health & Human Behaviour, 1963, **4:** 118-129.

21. Morison, J.B. "Health Education and Cigarette Smoking - a report on a three-year programme in the Winnipeg School Division, 1960-1963". Canadian Medical Association Journal 1964, **91:** 49-56.

22. DHEW Publication. "Teenage Smoking: National Patterns of Cigarette Smoking, ages 12 through 18, in 1968 and 1970." Washington: DHEW Publication No. (HSM) 72-7508 US Dept. of Health, Education & Welfare, Public Health Service, 1972.

23. Vilstrop, K. "Skoleborn og Tobak. En undersogelse af vaner og holdinger blant 8-16 drige" (Schoolchildren and Tobacco. A Study of Habits and Attitudes among 8-16 year olds). Copenhagen: Ejnar og Meta Thorsens Fond, 1973.

24. Davidson, R.L. & Fletcher, S.M. "Education about Smoking among Young Adults: A study in a College of Further Education." Geneva: UICC Technical Report Series 11, 1974, 24-29.

25. Feser, H. Psychologische Beitrage zu Rauchverhalten, Raucherentwohnung und Nichtrauchertraining" (Psychological Contributions to Smoking Behaviour, Smoking Cessation, and Non-Smoker Training). Rehabilitation, Sozialmedizin, Physikalische Medizin; Präventivmedizin, 1975, **28:** (3-4), 47-52.

26. Higgins, M. & Keller, J. "Familial Occurence of Chronic Respiratory Disease in Familial Resemblance in Ventilatory Capacity." Journal of Chronic Diseases, 1975, **28:** 239-251.

27. Baric, LK, McArthur, C. & Fisher, C. "Norms, Attitudes and Smoking Behaviour amongst Manchester students." Health Education Journal, 1976, **35:** 142-150.

28. Bernard, J.G. & Boyer, G. "Epidemiological Study of Tobacco Smoking among Young Men in France." Bulletin of the World Health Organisation, 1976, **53**, 75-81.

29. Hanley, J.A. & Robinson, J.C. "Cigarette Smoking and the Young: A national survey." Canadian Medical Association Journal, 1976, **114:** 511-517.

30. Schwarz, W. & Paun D. "Psychologische Aspekte des Rauchers" (Psychological Aspects of Smoking). In Gibel, W. (Ed): Gesundheitsschaden durch Rauchen - Möglichkeiten einer Prophylaxe. Berlin: Akademie Verlag, 1976, 93-105.

31. Wilde, J. & Taubert E. "Der Einfluss der Eltern auf die Rauchgewohnheiten Jugendlicher" (Parental Influence over the Smoking Habits of Young People). Zeitschrift für Erkrankungen der Atmungsorgane mit Folia Bronchologia, 1976, **144:** 5-11.

32. Green, P.E. "Teenage Cigarette Smoking in the United States 1968, 1970, 1972 & 1974." In Steinfeld, J., Griffiths, W., Ball K. & Taylor, R.M. (Eds.): Health Consequences, Education Cessation Activities and Governmental Action, Vol. II. Proceedings of the Third World Conference on Smoking & Health, New York, June 2 - 5, 1975, DHEW Publication No. (NIH) 77-1413, 1977.

33. Rimpela, M., Eskola., Ahlstrom-Laasko, S. & Kannas, L. "Nuroten Tupakointitatavat Suomessa sykoylla 1973" (Smoking Habits of Finnish Youth, 1973). University of Tampere, Dept. of Public Health Sciences, Research & Reports, Series, 1977, No. 23, 1-40.

2503017758

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

34. Allegrante, J.P., O'Rourke, T.W. & Tuncalp, S.A. "Multivariate Analysis of Selected Psychosocial Variables on the Development of Subsequent Smoking Behaviour", Journal of Drug Education, 1978, **7:** 237-248.

35. Beaglehold R., Eyles, E. & Harding, W. "Cigarette Smoking Habits, Attitudes and Associated Factors in Adolescents." New Zealand Medical Journal, 1978, **87:** 239-242.

36. Bewley, B.R. "Smoking in Childhood." Postgraduate Medical Journal, 1978, **54:** 197-199.

37. Pearson, R. & Richardson, K. "The Smoking Habits of 16 Year-Holds in the National Child Development Study" Public Health, 1978, **92:** 136-144.

38. Rawbone, R.G., Keeling C.A., Jenkins, A. & Guz A. "Cigarette Smoking among Secondary School Children 1975: Its Prevalence and Some of the Factors that Promote Smoking" Health Education Journal, 1979, **38:** 92-99.

39. Galli, N.A. "A Comparative Analysis of the Attitudes and Behaviours of School Children (Selected Grades 4-12) and their Parents Towards Drugs." Dissertation abstracts international B, 1973, **34:** 730-731.

40. DHEW Publication "Teenage Smoking: National Patterns of Cigarette Smoking Ages 12 through 18, in 1968 and 1970." Washington: DHEW Publication No. (HSM) 72-7508. US Dept. of Health, Education & Welfare, Public Health Service, 1972.

41. Baric et al., ibid.

42. Nilsen, E. "Sosiale normer og opplysningsarbeid" (Social Norms and Educational Activities). Oslo: The Norwegian Cancer Society, 1967 (unpublished).

43. Wilde & Tauber, 1976, ibid.

44. Jensen, L.M. & Thompson, J.C. "Report of 1965 Smoking Survey, Lincoln Public Schools - Senior High Schools." The Journal of School Health, 1965, **36:** 366-373.

45. Bergen, B.J. & Olesen, E. "Some Evidence for a Peer Group Hypothesis about Adolescent Smoking." Health Education Journal, 1963, **21:** 113.

46. Revill, J. "Teenage Pressures." Health Education Journal, 1978, **37:** 171-178.

47. Bynner J.M., "The Young Smoker. A Study of Smoking among Schoolboys, Carried out for the Ministry of Health." London HMSO Government Social Survey, 1969.

48. Palmer A.B. "Some Variables Contributing to the Onset of Cigarette Smoking among Junior High School Students" Social Science & Medicine, 1970, **4:** 359-366.

49. Horn et al., 1959, ibid.

50. Barrett E.A. "High School Students' Smoking Patterns" Canadian Journal of Public Health, 1962, **53:** 500-506.

51. Bonell-Lewis, W.H.B. "The Smoking Habits of Women Students in a Teachers' Training College" Health Education Journal, 1963.

52. Wohlford P. "Initiation of Cigarette Smoking: Is it Related to Parental Smoking Behaviour?" Journal of Consulting and Clinical Psychology, 1970, **34:** 148-151.

53. Higgins & Keller, 1975, ibid.

54. Bewley, B.R. & Bland, J.M. "Academic Performance and Social Factors Related to Cigarette Smoking by Schoolchildren" British Journal of Preventive and Social Medicine, 1977, **31:** 18-24.

55. Banks M.H., Bewley, B.R., Bland, J.M., Dean, J.R. & Pollard, v. "Long-Term Study of Smoking by Secondary Schoolchildren." Archives of Disease in Childhood, 1978, **53:** 12-19.

56. Bewley, 1978, ibid.

57. Batarda Granate, M.C. "Tobacco habits of female adolescents." Journal da Sociedade das Ciencias Medicas de Lisboa, 1973, **137:** (8), 523-550.

58. Rawbonne et al., 1979, ibid.

59. Horn, D. "Current Smoking among Teenagers." Public Health Reports, 1968, **83:** 458-460.

60. Nilsen, E. "Smoking Habits among Schoolchildren in Norway." British Journal of Preventive and Social Medicine, 1959, **13:** 5-13.

61. Bynner, J.M. "The Young Smoker. A Study of Smoking among Schoolboys Carried out for the Ministry of Health" London: HMSO Government Social Survey, 1969.

62. Palmer, 1970, ibid.

63. Vilstrup, 1973, ibid.

64. Davidson & Fletcher, 1974, ibid.

65. Wake, F.R., Thomas, F. & O'Farrell, "The Smoking Behaviour of Grade Seven Schoolchildren in an Eastern Canadian City." UICC Technical Report Series ii, 1974, 15-23.

66. Hanley & Robinson, 1976, ibid.

67. Allegrante et al., 1978, ibid.

68. Williams, A.F. "Personality and other Characteristics Associated with Cigarette Smoking Among Young Teenagers" Journal of Health and Social Behaviour, 1973, **14:** 374-380.

69. Bergen & Olesen, 1963, ibid.

70. Batarda, 1973, ibid.

71. Baric et al., 1976, ibid.

72. Wake et al., 1974, ibid.

73. Battegay, R. Muehlemann, R., Hell, D., Zehnder, R., Hocch, P., & Dillinger, A. "Alkohol Tobak und Drogen im Leben des jungen Mannes. Untersuchung an 4 082 Schweizer Rekruten betreffend Suchtmittelkonsum im Zivilleben und während der Rekrutenschule" (Alcohol, Tobacco and Drugs in the Lives of Young Men. Study on 4,082 Swiss recruits on the Consumption of Addictive Products in Civilian Life, and during Training School). Sozialmedizinische und Padagogische Jugendkundem 1977, 14.

74. Green, 1977, ibid.

75. DHEW Publication, 1976, ibid.

76. Salber & Taylor, 1973, ibid.

77. Horn, 1968, ibid.

78. Bynner, 1969, ibid.

79. DHEW, 1972, ibid.

80. Wake et al., 1974, ibid.

81. Erne, H. & Bruppacher, R. "Familiare Faktoren und Zigaretten Konsum bei Adoleszenten" (Familial factors and cigarette consumption by adolescents). Sozial und Präventivmedizin, 1975, **20:** 236-237.

82. Higgins & Keller, 1975, ibid.

83. Stanhope, J.M. & Prior, I.A.M. "Smoking Behaviour and Respiratory Health in a Teenage Sample: The Rotoma Lakes study." New Zealand Medical Journal, 1975, **82:** 71-76.

84. Green, 1977, ibid.

85. Banks et al., 1978, ibid.

86. Beaglehole et al., 1978, ibid.

87. Bewley, 1978, ibid.

88. DHEW, 1976, ibid.

89. Bewley, B.R., Bland, J.M. & Harris, R. "Factors Associated with the Starting of Cigarette Smoking by Primary Schoolchildren." British Journal of Preventive and Social Medicine, 1970, **28:** 37-44.

90. Bergen & Olesen, 1963, ibid.

91. Nilsen, 1959, ibid.

92. Bergen & Olesen, 1963, ibid.

93. Bynner, 1969, ibid.

2503017759

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000

94. Palmer, 1970, ibid.

95. Bewley et al., 1970, ibid.

96. Levitt E.E. & Edwards, J.A. "A Multivariate Study of Correlative Factors in Youthful Cigarette Smoking." Developmental Psychology, 1970, **2:** 5-11.

97. Hill, D., "Peer Group Conformity in Adolescent Smoking and its Relationship to Affiliation and Autonomy Needs." Australian Journal of Psychology, 1971, **23:** 189-199.

98. Batarde Granate, 1973, ibid.

99. Foss, R. "Personality, Social Influence and Cigarette Smoking." Journal of Health and Social Behaviour, 1973, **14:** 279-286.

100. Vilstrup, 1973, ibid.

101. Wake et al., 1974, ibid.

102. Bewley & Bland, 1977, ibid.

103. Green, 1977, ibid.

104. Allegrante et al., 1978, ibid.

105. Beaglehole et al., 1978, ibid.

106. Bewley, 1978, ibid.

107. Revill, 1978, ibid.

108. Horn et al., 1959, ibid.

109. Fisher, Deborah A. & Magnus, Paul. "Out of the Mouths of Babes ... The Opinions of 10 and 11 Year Old Children Regarding the Advertising of Cigarettes." Community Health Studies 1981, **5:** (1), 22-26.

110. Chapman, S. & Fitzgerald, B. "Brand Preference and Advertising Recall in Adolescent Smokers: Some Implications for Health Promotion." American Journal of Public Health 1982, **72:** (5), 491-494.

111. Chapman, S. "Understanding Cigarette Advertising - A New Approach to Anti-Smoking Education." Canberra, Australian Commonwealth Department of Health, Health Services and Teaching Paper No. 6, September, 1981.

112. Ledwith, 1984, ibid.

2503017760

Source: https://www.industrydocuments.ucsf.edu/docs/zyhl0000